

58-008593

STATE FILE NUMBER

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1958

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 16

1. PLACE OF DEATH

a. COUNTY **Vernon**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Washington**Inside Limits
Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**c. CITY
OR
TOWN **Kansas City**Inside Limits
Yes No c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **State Hospital # 3**Length of stay in 1b
9-3-20d. STREET
ADDRESS (If outside, give location)
2855 NortonReside on Farm
Yes No

3. NAME OF DECEASED

First Middle Last

Dora Louisa Langley Louise Langley

4. DATE OF DEATH Month Day Year

2- 8 1958

5. SEX

Female

6. COLOR OR RACE

White7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

1-1-1905

9. AGE (In years last birthday)

53

10. FUNDER 1 YEAR

Months **1** Days **7**

IF UNDER 24 HRS.

Hours **8** Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House work10b. KIND OF BUSINESS OR INDUSTRY
X X11. BIRTHPLACE (City and state or country)
Plate Co. Mo.12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME

George Thomas Langley

13b. MOTHER'S MAIDEN NAME

Lula Anderson

14. NAME OF HUSBAND OR WIFE

Single15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
none

17. INFORMANT

Adm Papers

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Coronary Vessel Disease****Bronchitis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Mental Defective, with psychosis**4201**

INTERVAL BETWEEN ONSET AND DEATH

Yrs.**3 Days**

19. WAS AUTOPSY PERFORMED?

Yes No 20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED (Give nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **4-25-'55** to **2-8-'58** and last saw her alive on **2-7-'58**Death occurred at **8:30 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

B. Allen Pickens, M.D.

22b. ADDRESS

State Hospital #3**Drawer 37 Nevada, Mo.**

22c. DATE SIGNED

2-8-'58

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

February 11 1958

23c. NAME OF CEMETERY OR CREMATORY

Forest Hill Cemetery

23d. LOCATION (City, town, or county)

Kansas City

(State)

Missouri

24. FUNERAL DIRECTOR

D. W. Newcomer's Sons Kansas City

ADDRESS

Missouri

25. DATE RECD. BY LOCAL REG.

2-15-1958

26. REGISTRAR'S SIGNATURE

Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Chester K Brown*

- Licensed Embalmer No. *4921*
P. O. Address *Ke Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.